

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



March 16, 1987

ALL COUNTY LETTER NO. 87-38

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: GRIMESY v. McMAHON RETROACTIVE IMPLEMENTATION

REFERENCES: ACIN NO. I-85-86, ACL NO. 86-71, ACL NO. 87-17, ACL NO. 87-31  
EAS SECTION 44-133.7

The purpose of this letter is to provide county welfare departments (CWDs) with the additional materials referenced in ACL 87-31. The following materials have been attached to facilitate the April 1, 1987 implementation of the retroactive portion of the Grimesy v. McMahon Court Order.

1. Notices of Action, (Spanish version to come in approximately two weeks).
2. Provisional Notices, (Spanish version to come in approximately two weeks).
3. Instructions for completing Notices of Action and Provisional Notices.
4. Statistical Reporting Form.

Because payments in this court case have been stayed pending appeal, CWDs may not be able to submit the Statistical Reporting Form within the timeframes specified in the Grimesy Court Order. We will notify CWDs of changes to statistical reporting due dates.

Submit the attached Statistical Reporting Form to:

State Department of Social Services  
744 P Street, M. S. 19-81  
Sacramento, CA 95814

Attention: Levy St. Mary

If you have any questions regarding the attached Statistical Reporting Form, please contact Levy St. Mary at (916) 924-2998 or ATSS 8-434-2998.

If you have any questions or need any assistance about the Grimesy Court Order or the attached materials, please contact Michael O'Brien at (916) 324-2013 or ATSS 8-454-2013.

*Robert A. Horel*

for ROBERT A. HOREL  
Deputy Director

Attachments

cc: CWDA

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date \_\_\_\_\_  
Case Name \_\_\_\_\_  
Number \_\_\_\_\_  
Worker Name \_\_\_\_\_  
Number \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County is paying you cash aid owed to you for some months in the period January 1985 through June 1986.

Here's why:

Your cash aid should have been more than you got. The **Grimesy** Court Order says that for this period we should have counted only the amount of money your parents gave you.

When we don't count all of your parents' income your income goes down and your cash aid amount goes up.

Your new cash aid amount plus interest for each month of back cash aid is figured on this notice.

- ☐ A check is enclosed  
☐ A check will be sent soon

- ☐ You will get another notice about your Medi-Cal.

**Rules:** These rules apply. You may review them at your welfare office: MPP 50-015, **Grimesy v. McMahon** Retroactive Court Order.

Month and Year	_____	_____	_____
Your parents' income we counted	\$	_____	_____
Amount we should have counted	-	_____	_____
Amount we should not have counted	=	_____	_____
Interest	+	_____	_____
Monthly Total	\$	_____	_____

Month and Year	_____	_____	_____
Your parents' income we counted	\$	_____	_____
Amount we should have counted	-	_____	_____
Amount we should not have counted	=	_____	_____
Interest	+	_____	_____
Monthly Total	\$	_____	_____

Month and Year	_____	_____	_____
Your parents' income we counted	\$	_____	_____
Amount we should have counted	-	_____	_____
Amount we should not have counted	=	_____	_____
Interest	+	_____	_____
Monthly Total	\$	_____	_____

Month and Year	_____	_____	_____
Your parents' income we counted	\$	_____	_____
Amount we should have counted	-	_____	_____
Amount we should not have counted	=	_____	_____
Interest	+	_____	_____
Monthly Total	\$	_____	_____
Total			\$ _____

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County has approved your claim for cash aid for some months in the period January 1985 through June 1986.

Here's why:

You couldn't get cash aid before because we counted your parents' income. A new court order says for the period January 1985 through June 1986 we should have counted only the amount of money your parents gave you.

When we don't count all your parents' income, your income goes down and you can get cash aid.

Your cash aid amount plus interest for each month of back cash aid is figured on this notice.

- ☐ A check is enclosed
- ☐ A check will be sent soon

☐ You will get another notice about your Medi-Cal.

**Rules:** These rules apply. You may review them at your welfare office: MPP 50-015, **Grimesy v. McMahon** Retroactive Court Order.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County is paying you cash aid owed to you for some months in the period January 1985 through June 1986.

Here's why:

We told you before about an overpayment you had because of your parents' income. To pay it back, we adjusted your cash aid. A new court order says for the period between January 1985 through June 1986 we should have counted only the amount of money your parents gave you.

- ☐ The new court order means the amount of your overpayment was wrong and we should not have adjusted your cash aid in all the months we did.
- ☐ The new court order means you did not have an overpayment and we should not have adjusted your cash aid amount.

Without the adjustment your cash aid amount for those months goes up.

The cash aid amount plus interest owed to you for each month of back cash aid is figured on this notice.

- ☐ A check is enclosed.
- ☐ A check will be sent soon.
- ☐ You will get another notice about your Medi-Cal.

**Rules:** These rules apply. You may review them at your welfare office: MPP 50-015, **Grimesy v. McMahon** Retroactive Court Order.

Month and Year	_____	_____	_____
Your parents' income we counted	\$	_____	_____
Amount we should have counted	-	_____	_____
Amount we should not have counted	=	_____	_____
Interest	+	_____	_____
Monthly Total	\$	_____	_____

Month and Year	_____	_____	_____
Your parents' income we counted	\$	_____	_____
Amount we should have counted	-	_____	_____
Amount we should not have counted	=	_____	_____
Interest	+	_____	_____
Monthly Total	\$	_____	_____

Month and Year	_____	_____	_____
Your parents' income we counted	\$	_____	_____
Amount we should have counted	-	_____	_____
Amount we should not have counted	=	_____	_____
Interest	+	_____	_____
Monthly Total	\$	_____	_____

Month and Year	_____	_____	_____
Your parents' income we counted	\$	_____	_____
Amount we should have counted	-	_____	_____
Amount we should not have counted	=	_____	_____
Interest	+	_____	_____
Monthly Total	\$	_____	_____
Total			\$ _____

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County has denied your **Grimesy v. McMahon** claim for back cash aid dated \_\_\_\_\_.

Here's why:

You did not meet all the parts of the rule at any time between January 1985 through June 1986.

The rule is: You must have been 18 years old, living with your parent, not going to school and either pregnant or had your child living with you. Also, your parent's income must have been counted to figure your cash aid amount or to deny your cash aid.

☐ You will get another notice about your Medi-Cal.

**Rules:** These rules apply. You may review them at your welfare office: MPP 50-015, **Grimesy v. McMahon** Retroactive Court Order.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date \_\_\_\_\_  
Case Name \_\_\_\_\_  
Number \_\_\_\_\_  
Worker Name \_\_\_\_\_  
Number \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

We cannot process your **Grimesy v. McMahon** claim for back cash aid dated \_\_\_\_\_.

The claim must go to the county where you were aided or where you applied for cash aid between January 1985 and June 1986. You did not apply for or get cash aid from this county.

- ☐ We have sent your claim to \_\_\_\_\_. That is where you were aided or where you applied for cash aid between January 1985 and June 1986. You will get another notice from them.
- ☐ Your claim is attached. We don't know the county where you were aided or where you applied for cash aid. You must send the claim to the right county by June 30, 1987. Attach a copy of this paper to your claim when you send it to the right county.

- ☐ You will get another notice about your Medi-Cal.

**Rules:** These rules apply. You may review them at your welfare office: MPP 50-015, **Grimesy v. McMahon** Retroactive Court Order.

# NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date \_\_\_\_\_  
Case Name \_\_\_\_\_  
Number \_\_\_\_\_  
Worker Name \_\_\_\_\_  
Number \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County needs more facts to process your **Grimesy v. McMahon** claim.

- ☐ Please fill in the circled parts of the claim form, attached.
- ☐ Please fill in the supplemental claim form, attached.

Send or bring in the completed claim form by \_\_\_\_\_.  
(Date) If we don't hear from you by this date, your claim will be denied.

If you have any questions or need help in getting the facts we need, please call the worker shown above.

- ☐ You will get another notice about your Medi-Cal.

**Rules:** These rules apply. You may review them at your welfare office: MPP 50-015, **Grimesy v. McMahon** Retroactive Court Order.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date \_\_\_\_\_  
Case Name \_\_\_\_\_  
Number \_\_\_\_\_  
Worker Name \_\_\_\_\_  
Number \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County has denied your **Grimesy v. McMahon** claim for back cash aid dated \_\_\_\_\_.

Here's why:

You did not give us all the facts we needed to process your claim.

What we needed was:

☐ You will get another notice about your Medi-Cal.

**Rules:** These rules apply. You may review them at your welfare office: MPP 50-015, **Grimesy v. McMahon** Retroactive Court Order.



# NOTICE OF ACTION

(Continued)

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case : \_\_\_\_\_  
Name : \_\_\_\_\_  
Number : \_\_\_\_\_

Month and Year	_____	_____	_____	_____	_____	_____
Total Earned Income	\$	_____	_____	_____	_____	_____
Work Expense Disregard	-	_____	_____	_____	_____	_____
Dependent Care Disregard	-	_____	_____	_____	_____	_____
\$30 or \$30 and 1/3 Disregard	-	_____	_____	_____	_____	_____
Countable Money From Parents	+	_____	_____	_____	_____	_____
Other Countable Income:	+	_____	_____	_____	_____	_____
(List sources)						
_____	+	_____	_____	_____	_____	_____
_____	+	_____	_____	_____	_____	_____
_____	+	_____	_____	_____	_____	_____
Court Ordered Support Paid	-	_____	_____	_____	_____	_____
Net Countable Income	=	_____	_____	_____	_____	_____
Basic Aid for _____ Persons	\$	_____	_____	_____	_____	_____
Special Needs	+	_____	_____	_____	_____	_____
Subtotal	=	_____	_____	_____	_____	_____
Net Countable Income	-	_____	_____	_____	_____	_____
Cash Aid Amount	=	_____	_____	_____	_____	_____
Interest	+	_____	_____	_____	_____	_____
Total	\$	_____	_____	_____	_____	_____

Month and Year	_____	_____	_____	_____	_____	_____
Total Earned Income	\$	_____	_____	_____	_____	_____
Work Expense Disregard	-	_____	_____	_____	_____	_____
Dependent Care Disregard	-	_____	_____	_____	_____	_____
\$30 or \$30 and 1/3 Disregard	-	_____	_____	_____	_____	_____
Countable Money From Parents	+	_____	_____	_____	_____	_____
Other Countable Income:	+	_____	_____	_____	_____	_____
(List sources)						
_____	+	_____	_____	_____	_____	_____
_____	+	_____	_____	_____	_____	_____
_____	+	_____	_____	_____	_____	_____
Court Ordered Support Paid	-	_____	_____	_____	_____	_____
Net Countable Income	=	_____	_____	_____	_____	_____
Basic Aid for _____ Persons	\$	_____	_____	_____	_____	_____
Special Needs	+	_____	_____	_____	_____	_____
Subtotal	=	_____	_____	_____	_____	_____
Net Countable Income	-	_____	_____	_____	_____	_____
Cash Aid Amount	=	_____	_____	_____	_____	_____
Interest	+	_____	_____	_____	_____	_____
Total	\$	_____	_____	_____	_____	_____

Total Payment \$ \_\_\_\_\_

**Rules:** These rules apply; you may review them at your Welfare Office.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.

**GRIMESY v. McMAHON**

## Provisional Notice

To Be Filled Out By County

Name:

Address:

AFDC Case No.:

The County is paying you cash aid owed to you for some months in the period January 1985 through June 1986.

Here's why:

Your cash aid should have been more than you got. The **Grimesy** Court Order says that for this period we should have counted only the amount of money your parents gave you.

When we don't count all of your parents' income, your income goes down and your cash aid amount goes up.

We cannot pay your back cash aid now because the **Grimesy** court case is not over. When this court case is over you will get at least \$ \_\_\_\_\_, unless the court says we can't send you this money. You will get a Notice of Action when this case is over.

If you move, fill out the attached change of address form and return it to:

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If you do not let us know what your new address is, you may not get your cash aid. If you need another form or more information, call the person listed above.

**GRIMESY v. McMAHON**

## Provisional Notice

To Be Filled Out By County

Name:

Address:

AFDC Case No.:

The County has approved your claim for cash aid for some months in the period January 1985 through June 1986.

Here's why:

You couldn't get cash aid before because we counted your parents' income. A new court order says for the period January 1985 through June 1986 we should have counted only the amount of money your parents gave you.

When we don't count all of your parents' income, your income goes down and you can get cash aid.

We cannot pay your back cash aid now because the **Grimesy** court case is not over. When this court case is over you will get at least \$ \_\_\_\_\_, unless the court says we can't send you this money. You will get a Notice of Action when this case is over.

If you move, fill out the attached change of address form and return it to:

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If you do not let us know what your new address is, you may not get your cash aid. If you need another form or more information, call the person listed above.

**GRIMESY v. McMAHON**

## Provisional Notice

To Be Filled Out By County

Name:

Address:

AFDC Case No.:

The County is paying you cash aid owed to you for some months in the period January 1985 through June 1986.

Here's why:

We told you before about an overpayment you had because of your parents' income. A new court order says for the period January 1985 through June 1986 we should have counted only the amount of money your parents gave you.

If we hadn't adjusted your cash aid to collect this overpayment you would have gotten more cash aid for those months.

We cannot pay your back cash aid now because the **Grimesy** court case is not over. When this court case is over you will get at least \$ \_\_\_\_\_, unless the court says we can't send you this money. You will get a Notice of Action when this case is over.

If you move, fill out the attached change of address form and return it to:

---

---

---

If you do not let us know what your new address is, you may not get your cash aid. If you need another form or more information, call the person listed above.

**GRIMESY v. McMAHON****Retroactive Court Case****Change of Address Form****To Be Filled Out By County**

Name:

Address:

AFDC Case No.:

If you move, fill out this change of address form and return it to the address shown below. If you do not let us know what your new address is, you may not get your cash aid.

Name \_\_\_\_\_

New Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Return this form to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any time you move, you must send in a change of address form.

If you need another form or more information, call the person listed above.

## INSTRUCTIONS ON COMPLETING NOTICES OF ACTION AND PROVISIONAL NOTICES

Attached are eight reproducible copies of the Notice of Action message language in English to be used in informing families covered by the Grimesy v. McMahon Retroactive Court Order (Grimesy 10, 11, 12, 13, 14, 15, 16, 17). The language on the attached Notices of Action has been approved under the terms of the Turner Consent Decree and is mandated for use. Additionally, there are four reproducible copies of Provisional Notice message language to be used in specific situations while the Grimesy Court Order is stayed pending appeal (Grimesy A, B, C, D).

We have attempted to develop Notice of Action messages for the majority of case situations. However, the messages may not address every possibility. Counties may develop additional messages to meet individual case circumstances following the language pattern established in the state messages.

### Grimesy 10 -- Retroactive, Change

Use for cases entitled to more aid. Complete the computation for all applicable months. Check the appropriate box to indicate when the check will be sent. If the case is stayed pending appeal, use Grimesy A -- Provisional Change. When the stay is lifted, issue the Grimesy 10.

### Grimesy 11 -- Retroactive Approved

Use for cases approved for back cash aid. Check the appropriate box to indicate when the check will be sent. If the case is stayed pending appeal, use Grimesy B -- Provisional Approved. When the stay is lifted, issue the Grimesy 11.

Use the Grimesy 17 as a continuation page.

### Grimesy 12 -- Retroactive, Refund Overpayment Adjustment

Use to refund overpayment adjustments.

Check the 1st box if all of the parents' income was counted when only a voluntary contribution should have been counted.

Check the 2nd box if all of the parents' income was counted and there was no voluntary contribution.

Complete the computations.

Check either one of the last two boxes as appropriate.

If the case is stayed pending appeal, use Grimesy C -- Provisional Refund Overpayment Adjustment. When the stay is lifted, issue the Grimesy 12.

Grimesy 13 -- Retroactive, Denial Not a Class Member

Use when the claimant is not a class member.

Grimesy 14 -- Retroactive, Denial - Wrong County

Use when the claimant submitted the claim form to the wrong county.

Check the 1st box and fill in the county name when transmitting the claim form to the correct county.

Check the 2nd box when returning the claim form to the claimant.

Grimesy 15 -- Retroactive, Request for Information

Check the 1st box when the claim form is incomplete.

Check the 2nd box when the case record information is inadequate or missing.

Fill in the date for return.

Grimesy 16 -- Retroactive, Denial - Failure to Provide Information

Use when the claim form or the supplemental claim form is not returned on time or is not complete. Fill in the information needed.

Grimesy 17 -- Retroactive, Computation Continuation Page

Use as an attachment to Grimesy 11. Fill in the computation amounts for each month of retroactive eligibility. Insert the name of the month and the year for each eligible month.

### Grimesy A -- Provisional Change

Use for cases entitled to more aid while the Grimesy Order is stayed pending appeal. Complete the computation for all applicable months as required by MPP 50-015.6. Add the payable retroactive benefits for each month together and record that total on the appropriate line (interest computation not to be included).

Record on the appropriate lines the name, address and phone number of the person responsible to receive and process changes of address for claimants (see MPP 50-015.326).

Attach a Grimesy D (see instructions below).

Issue the Grimesy 10 when the stay pending appeal is lifted.

### Grimesy B -- Provisional Approved

Use for cases approved for back cash aid while the Grimesy Order is stayed pending appeal. Complete the computation for all applicable months as required by MPP 50-015.6. Add the payable retroactive benefits for each month and record that total on the appropriate line (interest computation not to be included).

Record on the appropriate lines the name, address and phone number of the person responsible to receive and process changes of address for claimants (see MPP 50-015.326).

Attach a Grimesy D (see instructions below).

Issue the Grimesy 11 when the stay pending appeal is lifted.

### Grimesy C -- Provisional Refund Overpayment Adjustment

Use to refund overpayment adjustments while the Grimesy Order is stayed pending appeal. Complete the computation for all applicable months as required by MPP 50-015.6. Add the payable retroactive benefits for each month together and record that total on the appropriate line (interest computation not to be included).

Record on the appropriate lines the name, address and telephone number of the person responsible to receive and process changes of address for claimants (see MPP 50-015.326).



Attach a Grimesy D (see instructions below).

Issue the Grimesy 12 when the stay pending appeal is lifted.

#### Grimesy D -- Change of Address Form

Attach Grimesy D whenever a Grimesy A, B, or C is issued.

Record on the appropriate lines the name, address and telephone number of the person responsible to receive and process changes of address for claimants (see MPP 50-015.326).

**STATISTICAL REPORT**

SEND ONE COPY TO: Department of Social Services  
Statistical Services Section  
744 P Street, M.S. 19-84  
Sacramento, California 95814  
(916) 924-2838

Grimesy v. McMahon

NAME OF COUNTY SUBMITTING REPORT

THIS REPORT IS DUE ON OR BEFORE:

October 15, 1987

THIS REPORT IS

☐ ORIGINAL SUBMISSION ☐ SUBSEQUENT REPORT ☐ REVISION NO. \_\_\_\_\_

NO. \_\_\_\_\_

REPORTING PERIOD

FROM: April 1, 1987

TO: July 30, 1987

1. Total number of Supplemental Claim forms sent out	
2. Total number of claims received	
3. Total number of claims denied	
4. Total number of claims paid	
5. Total amount of money paid to reimburse class members	
6. Total number of claims paid based on information provided by supplemental forms.	
7. Total number of claims paid based solely on information in the case file.	

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE